

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19		11				
20		2				
21		3				
22		1				
23		1				
24		11				
25		2				
26		3				
27		1				
28		1				
29		22				
30		22				
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59		5				
60		1				
61		1				
62		1				
63		2				
64		1				
65		1				
66		4				
67		12				
68		5				
69		1				
70		1				
71		1				
72		2				
73		1				
74		1				
75		4				
76		12				
77		38				
78		38				
79		11				
80		2				
81		3				
82		11				
83		2				
84		3				
85		11				
86		2				
87		3				
88		11				
89		2				
90		3				
91		5				
92		2				
93		1				
94		12				
95		5				
96		2				
97		4				
98		12				
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

(335)
(335)